

Drinking Water or Wastewater Operator Certification Application

Print or type a separate application for each certification requested.
Complete all items.
All signatures must be original
Incomplete applications will be returned.



Receipt Number

Middle Name or Initial

Zip

[illegible]

Residence Telephone Number

2) Check certification desired (select only one):

Drinking Water Treatment				Drinking Water Distribution		Wastewater (Treatment and Collection)	
_____	I-AD	_____	III-A	_____	I-D	_____	I
_____	I-BD	_____	III-B	_____	II-D	_____	II
_____	II-A	_____	IV-A	_____	III-D	_____	III
_____	II-BD			_____	IV-D	_____	IV

3) Check and complete the item that applies:

_____ First Test at this Classification	_____ Retest Date of Last Test: _____	_____ Reciprocity (No Test Required)
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4) List all current drinking water and wastewater certificates:

State Where Certified	Certification Type (i.e. Wastewater, Water Treatment, etc.)	Design Capacity or flow of plant operated	Classification Level (i.e. II-BD, III, etc.)	Certificate Number	Expiration Date

Yes_____ No_____ If yes, identify the state agency that implemented the action._____

5) Identify ALL facilities which you operate (attach additional sheets if necessary):

Facility Name/s	County	PWSID or KPDES #	Phone #

The Kentucky Environmental and Public Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, contact the Division of Compliance Assistance, Operator Certification, 14 Reilly Road, Frankfort, Kentucky, 40601 or call (502) 564-0323 or (800) 926-8111

6) Education and training (circle highest grade completed and fill in the appropriate blanks):

Elementary School 5 6 7 8 School Name: _____

High School 9 10 11 12 School Name: _____

College - Undergraduate School Name: _____ Degree: _____

College - Graduate School Name: _____ Degree: _____

Other training applicable to the certification requested (provide the course name and content.
Attach documentation of completion and credit hours earned): _____

Note: A copy of official education records (e.g., GED certificate, high school diploma, college transcript or diploma) verifying education must accompany this application.

7) Applicable employment history: List your current position first. If you have held several positions with a drinking water or wastewater system, list each separately. List all the duties associated with each position, but be specific regarding your drinking water and/or wastewater operational duties. If your duties are split between several areas of responsibility, indicate the percentage of time spent working in each area.

a. Facility Name	Position Title	Dates of Employment Month____Year____ To Month____ Year____
Facility Address:		
Contact person:		Phone #:
Detailed description of duties: _____ _____ _____ _____ _____		

b. Facility Name	Position Title	Dates of Employment Month____Year____ To Month____ Year____
Facility Address:		
Contact person:		Phone #:
Detailed description of duties: _____ _____ _____ _____ _____		

Attach supplemental sheet if you need to list additional experience.

8) Information verification (This information must be completed by your direct supervisor and contain an original signature):
I certify that, to the best of my knowledge, the data contained herein reflects the applicant's job duties and employment history with the facility referenced below. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and/or KRS 224.99-010.

Print Supervisor Name: _____ Supervisor's Signature: _____

Facility: _____ Title: _____

Date: _____ Phone #: _____

I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and/or KRS 224.99-010.

Print Applicant name: _____

Applicant's Signature: _____ Date: _____

Mail TO:

**Division of Compliance Assistance
Operator Certification
14 Reilly Rd.
Frankfort, KY 40601**